

MEDICAL RECORD**PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**

For use of this form, see AR 40-407; the proponent agency is the Office of the Surgeon General

1. AGE:

HEIGHT:

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):

3. PREVIOUS SURGERY [] NO [] YES (type):

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION

NPO since:

Prosthesis/implants:

Escort's name:

Contact lenses/glasses:

Dentures/jewelry:

Skin condition:

Hearing:

Medical Hx:

Advance Directives:

ROM:

HCG:

Pain level:

6. PATIENT PROBLEMS AND NEEDS

A. PSYCHOSOCIAL

___ Potential for anxiety related to the surgical environment, family separation, age.

7. PATIENT GOALS AND EXPECTED OUTCOMES

- o Pt. verbalizes any specific anxiety.
- o Pt. exhibits relaxed body posture.

8. OR NURSING INTERVENTIONS

- o Allow pt. to verbalize freely.
- o Explain OR environment and answer questions.
- o Offer comfort measures, (e.g., warm blanket, touch).
- o Explain all nursing procedures before they are done.
- o Remain with pt. whenever possible.
- o Maintain family interface.

B. AERATION

___ Potential for respiratory dysfunction due to medical history, surgical positioning, and anesthesia.

- o Pt. will be able to breathe without difficulty during immediate intra-operative phase.

- o Offer to elevate head of litter or offer pillow.
- o Observe pt. while awaiting surgery for signs of distress.
- o Assist anesthesia during intubation and extubation.

C. INTEGUMENT

___ Potential impairment of skin integrity due to ESU, prep.

- o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).

- o Utilizes pressure preventing devices on OR table and accessories.
- o Check for proper positioning and support to maintain good body alignment.
- o Pad pressure points.
- o Place ESU ground pad on non-compromised skin surface area.
- o Keep prep fluids from pooling.

9. PATIENT'S IDENTIFICATION *(For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility.)*

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>D. CIRCULATION</p> <p>___ Potential for inadequate tissue perfusion due to <u>intraoperative immobility, safety devices, length of surg.</u></p>	<p>o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p>o Check for support stockings or ace wraps. If none, check with doctors.</p> <p>o Check that safety straps are correctly applied.</p> <p>o Offer pillow for under knees.</p> <p>o Place and take down legs from stirrups with slow bilateral motion.</p> <p>o Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. ___ Potential impairment of mobility to <u>positioning, anesthesia, pain.</u></p> <p>E.2. ___ Potential discomfort due to <u>the length of surgery.</u></p>	<p>o Pt. will be transferred to OR table without difficulty.</p> <p>o Pt. will not experience unnecessary physical discomfort.</p>	<p>o Have sufficient people available for transfer.</p> <p>o Insure proper body alignment.</p> <p>o Allow patient to lie in position of comfort while waiting for surgery.</p> <p>o Officer support (i.e., pillows, bathtowels, etc.) for positioning.</p>
<p>F. SPECIAL SENSES</p> <p>F.1. ___ Diminished visual perception due to being ___</p> <p>F.2. ___ Potential for decreased communication due to ___</p> <p>F.3. Potential injury due to dentures. ___</p>	<p>o Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p>o Pt. will be transferred safely to OR table.</p> <p>o Pt. will be able to understand instructions.</p> <p>o Minimize danger of injury during intraop period.</p>	<p>o Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p>o Inform pt. in which direction to move and assist if necessary.</p> <p>o Speak clearly and slowly.</p> <p>o Address pt. from ___ side.</p> <p>o Validate pt's understanding of verbal communication.</p> <p>o Verify removal of dentures.</p>
<p>G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS. Or continuation of above interventions.</p>

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

_____ DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERATIVE EVALUATION PREPARED BY
(Signature and Title)

DATE:

TIME:

13. POSTOPERATIVE EVALUATION PREPARED BY
(Signature and Title)

DATE:

TIME: